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February 3, 2017

5K CAR STORE, INC.
7315 CENTRAL AVE NE
ALBUQUERQUE, NM 87108

Statement of Charges for Services Rendered:

Tax Preparation Fees:

Tax preparation fee	\$	1,500.00
Subtotal before sales tax	\$	1,500.00
Sales tax		<u>109.65</u>
Total fee	\$	1,609.65

Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

2016

For calendar year 2016 or tax year beginning , 2016, ending , 20

A S election effective date 10/27/2009	TYPE OR PRINT	Name 5K CAR STORE, INC.	D Employer identification number **-***6229
B Business activity code number (see instructions) 441120		Number, street, and room or suite no. If a P.O. box, see instructions. 7315 CENTRAL AVE NE	E Date incorporated 10/27/2009
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE NM 87108	F Total assets (see instructions) \$ 1,131,046.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	2,076,432.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c	2,076,432.	
	2 Cost of goods sold (attach Form 1125-A)	2	1,648,308.	
	3 Gross profit. Subtract line 2 from line 1c	3	428,124.	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)	5		
	6 Total income (loss). Add lines 3 through 5 ▶	6	428,124.	
	7 Compensation of officers (see instructions—attach Form 1125-E)	7	63,885.	
	8 Salaries and wages (less employment credits)	8	707,662.	
	9 Repairs and maintenance	9	1,358.	
	10 Bad debts	10	918,506.	
	11 Rents	11	144,255.	
	12 Taxes and licenses	12	151,632.	
	13 Interest	13	292,950.	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	30,069.	
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16	57,348.	
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18		
	19 Other deductions (attach statement) See Statement	19	419,059.	
20 Total deductions. Add lines 7 through 19 ▶	20	2,786,724.		
21 Ordinary business income (loss). Subtract line 20 from line 6	21	-2,358,600.		
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c	23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		
27 Enter amount from line 26 Credited to 2017 estimated tax ▶ Refunded ▶	27			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name MARILYN GUNN	Preparer's signature MARILYN GUNN	Date 02/03/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN *****2528
Firm's name ▶ MARILYN GUNN CPA	Firm's EIN ▶		Phone no. (505) 291-0962	
Firm's address ▶ 12321 MARSHALL CT NE ALBUQUERQUE NM 87112				

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Form **1120S** (2016)

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REV 01/24/17 PRO

Schedule B Other Information (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2 See the instructions and enter the: a Business activity ▶ <u>RETAIL SALES</u> b Product or service ▶ <u>VEHICLES</u>		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .		X
4 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock. ▶ _____ (ii) Total shares of non-restricted stock ▶ _____	Yes	No
		X
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ _____ (ii) Total shares of stock outstanding if all instruments were executed ▶ _____		X
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
10 Does the corporation satisfy both of the following conditions?		
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000		
b The corporation's total assets at the end of the tax year were less than \$250,000		X
If "Yes," the corporation is not required to complete Schedules L and M-1.		
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction \$ _____		
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13 a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?	X	
b If "Yes," did the corporation file or will it file required Forms 1099?	X	

Schedule K Shareholders' Pro Rata Share Items		Total amount		
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-2,358,600.	
	2 Net rental real estate income (loss) (attach Form 8825)	2		
	3a Other gross rental income (loss) 3a			
	b Expenses from other rental activities (attach statement) 3b			
	c Other net rental income (loss). Subtract line 3b from line 3a 3c			
	4 Interest income 4			
	5 Dividends: a Ordinary dividends 5a			
	b Qualified dividends 5b			
	6 Royalties 6			
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) 7			
Income (Loss)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) 8a			
	b Collectibles (28%) gain (loss) 8b			
	c Unrecaptured section 1250 gain (attach statement) 8c			
	9 Net section 1231 gain (loss) (attach Form 4797) 9			
Deductions	10 Other income (loss) (see instructions) . . . Type ▶ 10			
	11 Section 179 deduction (attach Form 4562) 11			
	12a Charitable contributions Cash contribution (50%) 12a		500.	
	b Investment interest expense 12b			
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)			
	d Other deductions (see instructions) . . . Type ▶ 12d			
	Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
		b Low-income housing credit (other) 13b		
		c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . 13c		
		d Other rental real estate credits (see instructions) Type ▶ 13d		
e Other rental credits (see instructions) . . . Type ▶ 13e				
f Biofuel producer credit (attach Form 6478) 13f				
g Other credits (see instructions) Type ▶ 13g				
Foreign Transactions	14a Name of country or U.S. possession ▶ 14a			
	b Gross income from all sources 14b			
	c Gross income sourced at shareholder level 14c			
	Foreign gross income sourced at corporate level 14d			
	d Passive category 14d			
	e General category 14e			
	f Other (attach statement) 14f			
	Deductions allocated and apportioned at shareholder level 14g			
	g Interest expense 14g			
	h Other 14h			
	Deductions allocated and apportioned at corporate level to foreign source income 14i			
	i Passive category 14i			
	j General category 14j			
	k Other (attach statement) 14k			
Other information 14l				
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 14l				
m Reduction in taxes available for credit (attach statement) 14m				
n Other foreign tax information (attach statement) 14n				
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		2,150.	
	b Adjusted gain or loss 15b			
	c Depletion (other than oil and gas) 15c			
	d Oil, gas, and geothermal properties—gross income 15d			
	e Oil, gas, and geothermal properties—deductions 15e			
	f Other AMT items (attach statement) 15f			
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a			
	b Other tax-exempt income 16b			
	c Nondeductible expenses 16c		2,811.	
	d Distributions (attach statement if required) (see instructions) 16d			
	e Repayment of loans from shareholders 16e			

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18	-2,359,100.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		323,212.		67,711.
2a	Trade notes and accounts receivable	1,782,433.		639,402.	
b	Less allowance for bad debts	()	1,782,433.	()	639,402.
3	Inventories		965,507.		162,330.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) Ln. 9, St		1,316.		1,316.
10a	Buildings and other depreciable assets	239,094.		351,991.	
b	Less accumulated depreciation	(96,094.)	143,000.	(125,527.)	226,464.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	50,000.		55,000.	
b	Less accumulated amortization	(17,788.)	32,212.	(21,177.)	33,823.
14	Other assets (attach statement)				
15	Total assets		3,247,680.		1,131,046.
Liabilities and Shareholders' Equity					
16	Accounts payable		70,496.		59,776.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) Ln. 18 St		7,361.		
19	Loans from shareholders		900,000.		900,000.
20	Mortgages, notes, bonds payable in 1 year or more		2,144,298.		2,277,656.
21	Other liabilities (attach statement)				
22	Capital stock		1,058,000.		1,188,000.
23	Additional paid-in capital				
24	Retained earnings		-932,475.		-3,294,386.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		3,247,680.		1,131,046.

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Form **1120S** (2016)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-2,361,911.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation \$ b Travel and entertainment \$ 2,811.	2,811.	6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation \$	
4 Add lines 1 through 3	-2,359,100.	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18), Line 4 less line 7	-2,359,100.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-808,715.	0.	0.
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(2,358,600.)		
5 Other reductions . See M-2 Line 5 Stmt	(3,311.)		
6 Combine lines 1 through 5	-3,170,626.	0.	0.
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-3,170,626.	0.	0.

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REV 01/24/17 PRO

Form **1120S** (2016)

Cost of Goods Sold

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name 5K CAR STORE, INC.		Employer identification number	
1	Inventory at beginning of year	1	965,507
2	Purchases	2	845,131
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	1,810,638
7	Inventory at end of year	7	162,330
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,648,308

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. If you are a qualifying taxpayer or a qualifying small business taxpayer (defined below), you can adopt or change your accounting method to account for inventoriable items in the same manner as materials and supplies that are not incidental.

Under this accounting method, inventory costs for raw materials purchased for use in producing finished goods and merchandise purchased for resale are deductible in the year the finished goods or merchandise are sold (but not before the year you paid for the raw materials or merchandise, if you are also using the cash method).

If you account for inventoriable items in the same manner as materials and supplies that are not incidental, you can currently deduct expenditures for direct labor and all indirect costs that would otherwise be included in inventory costs. See the instructions for lines 2 and 7.

For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on adopting or changing to this method of accounting, see Form 3115, Application for Change in Accounting Method, and its instructions.

Qualifying taxpayer. A qualifying taxpayer is a taxpayer that, (a) for each prior tax year ending after December 16, 1998, has average annual gross receipts of \$1 million or less for the 3 prior tax years, and (b) its business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2001-10, 2001-2 I.R.B. 272.**Qualifying small business taxpayer.** A qualifying small business taxpayer is a taxpayer that, (a) for each prior tax year

ending on or after December 31, 2000, has average annual gross receipts of \$10 million or less for the 3 prior tax years, (b) whose principal business activity is not an ineligible activity, and (c) whose business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2002-28, 2002-18 I.R.B. 815.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property by a corporation for use in its trade or business or in an activity engaged in for profit.

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-4 for rules for property produced in a farming business.

Schedule K-1
(Form 1120S)

 Department of the Treasury
 Internal Revenue Service

2016

 For calendar year 2016, or tax
 year beginning _____, 2016
 ending _____, 20____

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions,
 Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,
 Deductions, Credits, and Other Items**

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
A Corporation's employer identification number **-***6229		1 Ordinary business income (loss) -2,358,600.	13 Credits
B Corporation's name, address, city, state, and ZIP code 5K CAR STORE, INC. 7315 CENTRAL AVE NE ALBUQUERQUE, NM 87108		2 Net rental real estate income (loss)	
C IRS Center where corporation filed return Ogden, UT 84201-0013		3 Other net rental income (loss)	
Part II Information About the Shareholder		4 Interest income	
D Shareholder's identifying number		5a Ordinary dividends	
E Shareholder's name, address, city, state, and ZIP code MARC POWELL 7315 CENTRAL AVE NE ALBUQUERQUE, NM 87108		5b Qualified dividends	14 Foreign transactions
F Shareholder's percentage of stock ownership for tax year 100.00000 %		6 Royalties	
		7 Net short-term capital gain (loss)	
		8a Net long-term capital gain (loss)	
		8b Collectibles (28%) gain (loss)	
		8c Unrecaptured section 1250 gain	
		9 Net section 1231 gain (loss)	
		10 Other income (loss)	15 Alternative minimum tax (AMT) items A 2,150.
		11 Section 179 deduction	16 Items affecting shareholder basis C 2,811.
		12 Other deductions A 500.	
			17 Other information

* See attached statement for additional information.

For IRS Use Only

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REV 01/24/17 PRO

Schedule K-1 (Form 1120S) 2016

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		
Passive loss		Report on
Passive income		See the Shareholder's Instructions
Nonpassive loss		Schedule E, line 28, column (g)
Nonpassive income		Schedule E, line 28, column (h)
		Schedule E, line 28, column (j)
2. Net rental real estate income (loss)		See the Shareholder's Instructions
3. Other net rental income (loss)		
Net income		Schedule E, line 28, column (g)
Net loss		See the Shareholder's Instructions
4. Interest income		Form 1040, line 8a
5a. Ordinary dividends		Form 1040, line 9a
5b. Qualified dividends		Form 1040, line 9b
6. Royalties		Schedule E, line 4
7. Net short-term capital gain (loss)		Schedule D, line 5
8a. Net long-term capital gain (loss)		Schedule D, line 12
8b. Collectibles (28%) gain (loss)		28% Rate Gain Worksheet, line 4 (Schedule D instructions)
8c. Unrecaptured section 1250 gain		See the Shareholder's Instructions
9. Net section 1231 gain (loss)		See the Shareholder's Instructions
10. Other income (loss)		
Code		
A Other portfolio income (loss)		See the Shareholder's Instructions
B Involuntary conversions		See the Shareholder's Instructions
C Sec. 1256 contracts & straddles		Form 6781, line 1
D Mining exploration costs recapture		See Pub. 535
E Other income (loss)		See the Shareholder's Instructions
11. Section 179 deduction		See the Shareholder's Instructions
12. Other deductions		
A Cash contributions (50%)		See the Shareholder's Instructions
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense		Form 4952, line 1
I Deductions—royalty income		Schedule E, line 19
J Section 59(e)(2) expenditures		See the Shareholder's Instructions
K Deductions—portfolio (2% floor)		Schedule A, line 23
L Deductions—portfolio (other)		Schedule A, line 28
M Preproductive period expenses		See the Shareholder's Instructions
N Commercial revitalization deduction from rental real estate activities		See Form 8582 instructions
O Reforestation expense deduction		See the Shareholder's Instructions
P Domestic production activities information		See Form 8903 instructions
Q Qualified production activities income		Form 8903, line 7b
R Employer's Form W-2 wages		Form 8903, line 17
S Other deductions		See the Shareholder's Instructions
13. Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings		
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
D Low-income housing credit (other) from post-2007 buildings		
E Qualified rehabilitation expenditures (rental real estate)		
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		Form 1040, line 73, box a
I Biofuel producer credit		See the Shareholder's Instructions
J Work opportunity credit		
K Disabled access credit		
L Empowerment zone employment credit		
M Credit for increasing research activities		
14. Foreign transactions		
A Name of country or U.S. possession		Form 1116, Part I
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Passive category		Form 1116, Part I
E General category		
F Other		
Deductions allocated and apportioned at shareholder level		
G Interest expense		Form 1116, Part I
H Other		Form 1116, Part I
Deductions allocated and apportioned at corporate level to foreign source income		
I Passive category		Form 1116, Part I
J General category		
K Other		
Other information		
L Total foreign taxes paid		Form 1116, Part II
M Total foreign taxes accrued		Form 1116, Part II
N Reduction in taxes available for credit		Form 1116, line 12
O Foreign trading gross receipts		Form 8873
P Extraterritorial income exclusion		Form 8873
Q Other foreign transactions		See the Shareholder's Instructions
15. Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		See the Shareholder's Instructions and the Instructions for Form 6251
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal—gross income		
E Oil, gas, & geothermal—deductions		
F Other AMT items		
16. Items affecting shareholder basis		
A Tax-exempt interest income		Form 1040, line 8b
B Other tax-exempt income		See the Shareholder's Instructions
C Nondeductible expenses		
D Distributions		
E Repayment of loans from shareholders		
17. Other information		
A Investment income		Form 4952, line 4a
B Investment expenses		Form 4952, line 5
C Qualified rehabilitation expenditures (other than rental real estate)		See the Shareholder's Instructions
D Basis of energy property		See the Shareholder's Instructions
E Recapture of low-income housing credit (section 42(j)(5))		Form 8611, line 8
F Recapture of low-income housing credit (other)		Form 8611, line 8
G Recapture of investment credit		See Form 4255
H Recapture of other credits		See the Shareholder's Instructions
I Look-back interest—completed long-term contracts		See Form 8697
J Look-back interest—income forecast method		See Form 8866
K Dispositions of property with section 179 deductions		See the Shareholder's Instructions
L Recapture of section 179 deduction		
M Section 453(f)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Depletion information—oil and gas		
S Reserved		
T Section 108(f) information		
U Net investment income		
V Other information		

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**2016**Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SK CAR STORE, INC.

Form 1120S Line 21

*****6229

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	15,933.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		94,511.	7.00	HY	200 DB	13,502.
d 10-year property						
e 15-year property		19,021.	15.00	HY	S/L	634.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	30,069.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	----------------------------	--	---------------------------	------------------------------	----------------------------------	------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . **25**

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
2016 NONCOMPETE CLAUSE	11/01/2016	5,000.	197	15.00 yrs	56.
43 Amortization of costs that began before your 2016 tax year				43	3,333.
44 Total. Add amounts in column (f). See the instructions for where to report				44	3,389.

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Don't send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**2016**

For calendar year 2016, or tax year beginning

, 2016, and ending

, 20

Name of corporation

5K CAR STORE, INC.

Employer identification number

-*6229

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	2,076,432.
2	Gross profit (Form 1120S, line 3)	2	428,124.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	-2,358,600.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	-2,359,100.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- ☐ I authorize _____ to enter my PIN _____ as my signature _____
ERO firm name don't enter all zeros
on the corporation's 2016 electronically filed income tax return.
- ☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

* * * * * 1 3 5 4
don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 02/03/2017

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2016)

BAA

REV 01/24/17 PRO

**Form 1120S
Schedule L**

Other Assets

2016

Name 5K CAR STORE, INC.	Employer ID Number **-***6229
----------------------------	----------------------------------

Note: The expanding tables below will **not** print with the S corporation's tax return if the box is checked below Question 10, Schedule B, Form 1120S, page 2, to suspend the calculations of Schedules L and M-1.

Other Current Assets:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 6 ▶		
Other Investments:	Beginning of tax year	End of tax year
ARTWORK	1,316.	1,316.
Total to Form 1120S, Schedule L, line 9 ▶	1,316.	1,316.
Other Assets:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 14 ▶		

**Form 1120S
Schedule L**

**Other Liabilities
and Adjustments to Shareholders' Equity**

2016

Name 5K CAR STORE, INC.	Employer ID Number **-***6229
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Note: The expanding tables below will **not** print with the S corporation's tax return if the box is checked below Question 10, Schedule B, Form 1120S, page 2, to suspend the calculations of Schedules L and M-1.

Other Current Liabilities:	Beginning of tax year	End of tax year
SALES TAX PAYABLE	7,361.	
Total to Form 1120S, Schedule L, line 18 ▶	7,361.	

Other Liabilities:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 21 ▶		

Adjustments to Shareholders' Equity:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 25 ▶		

S Corporation Information Worksheet**2016**

► Keep for your records

Part I – Identifying Information

Employer Identification Number . . . **--***6229 Date Incorporated 10/27/2009

Name5K CAR STORE, INC.

Doing Business As

Address7315 CENTRAL AVE NE

CityALBUQUERQUE State NM ZIP Code 87108

Foreign Province/State Foreign Postal Code

Foreign Code Foreign Country

Is the business primary physical address different from the return address? ☐ Yes ☒ No

Address7315 CENTRAL AVE NE

CityALBUQUERQUE State . NM U.S. ZIP Code . 87108

Foreign Province/State Foreign Postal Code

Foreign Code Foreign Country

Telephone Number (505) 260-0500 Extension

Fax Number E-Mail Address

Tax Shelter Registration Number

Part II – Tax Year and Filing Information

☒ Calendar year

☐ Fiscal year — Ending month

☐ Short year — Beginning date Ending date

☒ Enrolled in the Electronic Federal Tax Payment System (EFTPS)

IRS Service Center where S Corporation return is filed Ogden, UT 84201-0013

Part III – 2016 1120S Corporation Estimated Tax Paid

Amount of 2015 overpayment credited to 2016 estimated tax

Quarter Paymt Due	Due Date	Date Paid	Amount Paid	Information Req for Electronic Filing		
				Payment Method	Bank Acct Num	EFTPS Confirmation Number
First .	04/18/16					
Second	06/15/16					
Third .	09/15/16					
Fourth	12/15/16					

Additional Payments

1	N/A					
2	N/A					
3	N/A					
4	N/A					

Part IV – K-1 Information**K-1 Rounding Options**

- ☒ Distribute the rounding difference to shareholder with the largest percentage.
☐ Distribute the rounding difference among shareholders.
☐ Do not distribute the rounding difference to any shareholder.

Print Schedules K-1 with tax return?

- ☒ Yes
☐ No

Include page 2 of Schedules K-1 (codes and descriptions) with tax return?

- ☒ Yes
☐ No

Part V - Taxpayer Signature Information

Officer's Name MARC POWELL
Officer's Name for EF. MARC POWELL
Officer's Social Security Number Officer's Title PRESIDENT

Part VI – Electronic Filing Information**Electronic Filing Security Information (see tax help)**

Total income amount from 2015 return (Form 1120S, pg 1, ln 6) 1,219,081.

Claiming compensation of officers for 2016. ☒

Number of officers with compensation for 2016 1

Number of Employee W2s issued for 2016 39

Check the box(es) for returns required to be filed for 2016:

- | | | | |
|---|--|--|--|
| (1) <input type="checkbox"/> Form 720 | (2) <input checked="" type="checkbox"/> Form 940 | (3) <input checked="" type="checkbox"/> Form 941 | (4) <input type="checkbox"/> Form 943 |
| (5) <input type="checkbox"/> Form 944 | (6) <input type="checkbox"/> Form 945 | (7) <input type="checkbox"/> Form 990 | (8) <input type="checkbox"/> Form 1042 |
| (9) <input type="checkbox"/> Not applicable | | | |

Practitioner PIN program:

- ☒ Check this box to sign this return electronically using the Practitioner PIN
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) *****

Date PIN entered 01/11/2017

Choose Returns to be Filed Electronically:**Note:** Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

* See Estimated Payments forms/worksheets in the state return for more information.

Filings To	Original	Extension	Amended	Estimated Payments			
	Return		Return	1	2	3	4
Federal Filings							
Federal Form 1120S ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 114 (FBAR) ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Filings							
<i>Information Only: Selection of</i>							
<i>state/city return(s) was made . . . ▶</i>							
Alabama ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alabama Composite ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas Corporation ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorado ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida Corporation ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Georgia ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Georgia Corporation ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illinois ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indiana ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iowa ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kansas ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louisiana Corporation ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maine ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maryland ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massachusetts ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michigan ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missouri ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Montana ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey Fiscal S Corporation . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey Corporation ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey Fiscal Corporation . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York Corporation ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York City ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Carolina ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oklahoma ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oregon ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pennsylvania ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhode Island ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Carolina ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennessee ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texas ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utah ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vermont ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virginia ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Virginia ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5K CAR STORE, INC.

-6229 Page 4

Part VII – Direct Deposit or Electronic Funds Withdrawal Information

Yes	No	
		Does client want to use direct deposit of any federal tax refund ?
		Does client want to use electronic funds withdrawal of federal balance due (EF only)?
		Does client want to use electronic funds withdrawal of Form 7004 balance due (EF only)?
		Use electronic funds withdrawal of amended return balance due (EF only)?

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . . ☐

Name of Financial Institution (optional) . . .

Check the appropriate box ☐ Checking ☐ Savings

Routing number

Account number.

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return

Enter an amount to withdraw tax payment

If partial payment is made, the remaining balance due

QuickZoom here to Form 1120S, Pages 1 and 2 ►

QuickZoom here to Schedule K-1 Worksheet ►

spsw9001.SCR 09/14/16

► Keep for your records

Name
5K CAR STORE, INC.Employer Identification No.
-*6229

Income Items:	Description	Per Books	Per Tax Return	Difference (Book - Tax)
<i>Permanent items (tax-exempt income):</i>				
Tax-exempt interest — in state:				
	Direct Entry From K-1s			
Tax-exempt interest — out of state				
Life insurance proceeds				
Other permanent income items:				
Gain (Loss) on disposition of Section 179 assets				
Alcohol used as fuel credit included in income				
<i>Timing (temporary) items:</i>				
Unearned rent income				
Unearned income				
Gain on sale of assets				
Installment sale income				
Fuels tax credit included in income				
Other timing income items:				
Total				
Expense Items:				
Description				
<i>Permanent items (nondeductible expenses):</i>				
Disallowed meals and entertainment				
		2,811.		-2,811.
Employment credits wage reduction				
Federal underpayment penalty				
State underpayment penalty				
Other fines and penalties				
Officers' life insurance premiums				
Interest paid to carry tax-exempt investments				
Payroll Taxes for Employer SS Tax on Tips Credit				
Employee benefit reduction credit from Form 8845				
Small employer pension plan startup costs credit from Form 8881				
Credit for Small Employer Health Ins Premiums from Form 8941				
Other expenses related to tax-exempt income				
Other permanent expense items:				
Lease inclusion amount - enter as a negative				
<i>Timing (temporary) items:</i>				
Depreciation and Section 179 expense				
			30,069.	
Amortization				
			3,389.	
Depletion other than oil and gas				
Loss on sale of assets				
Organizational costs				
			918,506.	
Bad debt expense				
Prepaid expenses				
Other timing expense items:				
Total				
		2,811.	951,964.	-2,811.

► Keep for your records

Name as Shown on Return
5K CAR STORE, INC.

Employer Identification No.
-*6229

Description	Accumulated adjustments account	Other adjustments account	Shareholders' undistributed taxable income	Accumulated tax/book timing differences	Retained earnings while a C Corporation	Total
Balance at beginning of year . . .	-808715	0	0	0	0	-808715
Ordinary income (loss) . . .	-2358600					
Schedule K additions (Income/Gains): 						
Schedule K reductions (Losses/Deductions): CHARITABLE CONTRIBUTIONS	-500					
Income – Tax exempt						
Deductions – Exempt related .						
Schedule M-1 additions: 						
Schedule M-1 reductions: MEALS AND ENTERTAINMENT	-2811					
Net adjustment for year	-2361911					
Net income(loss) per books . .						-2361911
Subtotal	-3170626	0	0	0	0	-3170626
AAA without net negative adj. . . .	-808715					
Distributions						
Dividends						
Balance at end of tax year . . .	-3170626	0	0	0	0	-3170626

► Keep for your records

Name as Shown on Return
5K CAR STORE, INC.

Employer Identification No.
-*6229

Lines 1 thru 18

Shareholder	-1- Ordinary Income	-12a- Charit. Contrib.	-15a- Deprec. Adjust.	-16c- Non-ded. Expenses	-18- Total Income
MARC POWELL (100.00%)	-2,358,600	500	2,150	2,811	-2,359,100
Total shown on Schedules K-1	-2,358,600	500	2,150	2,811	-2,359,100
Amount shown on Schedule K	-2,358,600	500	2,150	2,811	-2,359,100

QuickZoom to Additional Schedule K Reconciliation Reports ►

SPSW6201.SCR 09/16/16

Depreciation and Amortization Report

2016

Tax Year 2016

Page 1 of 1

► Keep for your records

Name as Shown on Return
SK CAR STORE, INC.Identifying Number
-*6229

QuickZoom here to enter assets

QuickZoom here to set MACRS convention for assets acquired in 2016

Activity: Form 1120S - Line 21

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
2016 TOOLS		01/31/16	1,750		100.00			1,750	00DB/HY			250
2016 EQUIPMENT		08/09/16	92,761		100.00			92,761	00DB/HY			13,252
2016 LH IMPROVEMENTS		10/31/16	19,021		100.00			19,021	00SL/HY			634
SUBTOTAL CURRENT YEAR			113,532	0		0	0	113,532			0	14,136
2011 EQUIPMENT		06/15/11	55,065		100.00	53,694						
2012 LH IMPROVEMENTS		02/01/12	49,728		100.00			49,728	00SL/MM		4,941	1,275
2012 SIGN		06/01/12	6,000		100.00		3,000	3,000	00DB/HY		2,064	267
LAND IMPROVEMENTS		05/15/13	9,844		100.00		4,922	4,922	00SL/MM		1,135	379
2013 LH IMPROVEMENTS		06/19/13	45,300		100.00			45,300	00SL/MM		2,953	1,162
2013 EQUIPMENT		07/12/13	9,617		100.00			9,617	00DB/HY		5,411	1,202
2013 FURN & FIXTURES		07/25/13	8,812		100.00		4,406	4,406	00DB/HY		2,479	551
2014 EQUIPMENT		03/31/14	443		100.00		222	222	00DB/MQ		102	34
LAND IMPROVE FENCE		06/15/14	3,050		100.00			3,050	00SL/MM		477	257
2014 SIGN		11/25/14	6,640		100.00		3,320	3,320	00DB/MQ		1,034	653
2015 EQUIPMENT		07/17/15	40,533		100.00			40,533	00DB/HY		5,790	9,927
2015 LH IMPROV		10/08/15	4,062		100.00			4,062	00SL/MM		22	104
SUBTOTAL PRIOR YEAR			239,094	0		53,694	15,870	169,530			26,408	15,933
TOTALS			352,626	0		53,694	15,870	283,062			26,408	30,069
AMORTIZATION												
2016 NONCOMPETE CLAUSE		11/01/16	5,000		100.00			5,000	15.00			56
SUBTOTAL CURRENT YEAR			5,000			0	0	5,000			0	56
COVENANT NOT TO COMPETE		09/01/10	50,000		100.00			50,000	15.00		17,788	3,333
SUBTOTAL PRIOR YEAR			50,000			0	0	50,000			17,788	3,333
TOTALS			55,000			0	0	55,000			17,788	3,389

* Code: S = Sold, A = Auto, L = Listed, C = COGS

2016

► **Keep for your records**

Page 1 of 1

Identifying Number

6229

Activity: Form 1120S - Line 21

[illegible]

* Code: S = Sold, A = Auto, L = Listed, C = COGS

► Keep for your records

Name 5K CAR STORE, INC.	Employer Identification No. **-***6229
----------------------------	---

Ordinary Income (Loss)	2016		2015		Difference 2016 - 2015	
	Amount	% of Total Income	Amount	% of Total Income	Amount	%
1 a Gross receipts or sales	2,076,432.		3,163,294.		-1,086,862.	-34.36
b Less returns and allowances			60,626.		-60,626.	-100.00
c Net receipts	2,076,432.		3,102,668.		-1,026,236.	-33.08
2 Cost of goods sold (Form 1125-A)	1,648,308.		1,883,587.		-235,279.	-12.49
3 Gross profit	428,124.		1,219,081.		-790,957.	-64.88
4 Net gain or loss (Form 4797)						
5 Other income						
6 Total income (loss)	428,124.	100.00	1,219,081.	100.00	-790,957.	-64.88
Deductions						
7 Compensation of officers	63,885.	14.92	60,000.	4.92	3,885.	6.48
8 Salaries & wages (less employment credits)	707,662.	165.29	798,264.	65.48	-90,602.	-11.35
9 Repairs & maintenance	1,358.	0.32	46,976.	3.85	-45,618.	-97.11
10 Bad debts	918,506.	214.54	273,968.	22.47	644,538.	235.26
11 Rents	144,255.	33.69	167,047.	13.70	-22,792.	-13.64
12 Taxes and licenses	151,632.	35.42	93,309.	7.65	58,323.	62.51
13 Interest	292,950.	68.43	326,456.	26.78	-33,506.	-10.26
14 a Depreciation (Form 4562)	30,069.	7.02	12,868.	1.06	17,201.	133.67
b Less Depreciation on Sch A and elsewhere		0.00		0.00		
c Net depreciation	30,069.	7.02	12,868.	1.06	17,201.	133.67
15 Depletion (not oil/gas)		0.00		0.00		
16 Advertising	57,348.	13.40	82,859.	6.80	-25,511.	-30.79
17 Pension, profit-sharing, etc, plans		0.00		0.00		
18 Employee benefit programs		0.00		0.00		
19 Other deductions	419,059.	97.88	334,273.	27.42	84,786.	25.36
20 Total deductions	2,786,724.	650.92	2,196,020.	180.14	590,704.	26.90
21 Ordinary income (loss) from trade/business	-2,358,600.	-550.92	-976,939.	-80.14	-1,381,661.	-141.43
Tax						
22 a Excess net passive income tax or LIFO recapture tax		0.00		0.00		
b Tax from Schedule D		0.00		0.00		
Additional taxes		0.00		0.00		
c Total tax		0.00		0.00		
Tax Payments and Credits						
23 d Total payments and credits		0.00		0.00		
24 Estimated tax penalty		0.00		0.00		
25 Tax due	0.	0.00	0.	0.00	0.	
26 Overpayment		0.00		0.00		

Schedule K Items Income (Loss)	2016	2015	Difference 2016 - 2015	
			Amount	%
1 Ordinary business income (loss)	-2,358,600.	-976,939.	-1,381,661.	-141.43
2 Net rental real estate income (loss)				
3 Other net rental income (loss)				
4 Interest income				
5 a Dividends - ordinary				
b Dividends - qualified				
6 Royalty income				
7 Net short-term capital gain (loss)				
8 Net long-term capital gain (loss)				
9 Net section 1231 gain (loss)				
10 Other income (loss)				

Schedule K Items (continued) Deductions	2016	2015	Difference 2016 - 2015	
			Amount	%
11 Section 179 expense deduction				
12 a Charitable contributions	500.		500.	
b Interest expense on investment debts				
c Section 59(e)(2) expenditures				
d Other deductions				
Credits				
13 a Low-income housing credit (section 42(j)(5))				
b Low-income housing credit (other)				
c Qualified rehabilitation expenditures (rental real estate)				
d Other rental real estate credits				
e Other rental credits				
f Credit for alcohol used as fuel				
g Other credits				
Foreign Taxes				
14 b Gross income from all sources				
c Gross inc. sourced at shareholder level				
Foreign gross income sourced at corporate level:				
d Passive				
e Listed categories				
f General limitation				
Deductions allocated and apportioned at shareholder level:				
g Interest expense				
h Other				
Deductions allocated and apportioned at corp level to fgn source income:				
i Passive				
j Listed categories				
k General limitation				
l Foreign taxes paid or accrued				
m Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) Items				
15 a Post-1986 depreciation adjustment	2,150.	1,637.	513.	31.34
b Adjusted gain or loss				
c Depletion (other than oil and gas)				
d Oil, gas, and geothermal properties - gross income				
e Oil, gas, and geothermal properties - deductions				
f Other AMT items				
Items Affecting Shareholder Basis				
16 a Tax-exempt interest income				
b Other tax-exempt income				
c Nondeductible expenses	2,811.	1,979.	832.	42.04
d Property distributions				
e Repayment of loans from shareholders				
Other Information				
17 a Investment income				
b Investment expenses				
c Dividend distributions paid from E & P				
Income (loss) ▶	-2,359,100.	-976,939.	-1,382,161.	-141.48

**S Corporation
Five Year Tax History****2016**

► Keep for your records

Name 5K CAR STORE, INC.					Employer Identification Number **-***6229
	2012	2013	2014	2015	2016
1 Gross receipts . . .	3,850,670.	5,357,786.	3,973,945.	3,102,668.	2,076,432.
2 Cost of sales	2,154,392.	2,826,082.	1,816,522.	1,883,587.	1,648,308.
3 Gross profit	1,696,278.	2,531,704.	2,157,423.	1,219,081.	428,124.
4 Net 4797 gain (loss)					
5 Other income (loss)					
6 Total income (loss)	1,696,278.	2,531,704.	2,157,423.	1,219,081.	428,124.
7 Salaries	333,879.	590,719.	632,414.	798,264.	707,662.
8 Depreciation	7,099.	15,010.	11,496.	12,868.	30,069.
9 Other deductions . .	1,420,678.	1,820,676.	1,487,029.	1,384,888.	2,048,993.
10 Total deductions	-1,761,656.	-2,426,405.	-2,130,939.	-2,196,020.	-2,786,724.
11 Business income . .	-65,378.	105,299.	26,484.	-976,939.	-2,358,600.
12 Passive investment income					
13 Passive investment expense					
14 Net passive investment income					
15 Excess net passive income tax					
16 Tax from Schedule D					
17 Additional taxes . .					
18 Tax liability					
19 Tax return preparation fee. . .	4,280.	1,070.	1,498.	0.	1,610.

SPSW2301.SCR 09/14/16

Electronic Filing Information Worksheet

► Keep for your records

2016Name(s) shown on return
5K CAR STORE, INC.Identifying number
-*6229**Part I – State Electronic Filing:**Check this box to force state only filing for all states selected to be filed electronically ☐**Part II – Electronic Return Originator Information**

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return. ► ***725For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return. ►

ERO Name	ERO Electronic Filers Identification Number (EFIN)		
MARILYN GUNN CPA	***725		
ERO Address	ERO Employer Identification Number		
12321 MARSHALL CT NE			
City	State	ZIP Code	ERO Social Security Number or PTIN
ALBUQUERQUE	NM	87112	
Country			

Part III – Paid Preparer Information

Firm Name	Preparer Social Security Number or PTIN		
MARILYN GUNN CPA			
Preparer Name	Employer Identification Number		
MARILYN GUNN			
Address	Phone Number	Fax Number	
12321 MARSHALL CT NE	(505) 291-0962	(505) 299-0234	
City	State	ZIP Code	
ALBUQUERQUE	NM	87112	
Country	Preparer E-mail Address		
	MGUNN44779@AOL.COM		

Part IV – Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment ►

Amount you are paying with the amended return ►

☐ Check this box to file another **federal** amended return electronically

☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

☐ Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	California State S Corporation
<input type="checkbox"/>	Georgia State S Corporation
<input type="checkbox"/>	Maryland State S Corporation
<input type="checkbox"/>	Michigan Business Tax
<input type="checkbox"/>	New Jersey State S Corporation
<input type="checkbox"/>	New Jersey State Fiscal S Corporation
<input type="checkbox"/>	New Jersey State Corporation
<input type="checkbox"/>	New Jersey State Fiscal Corporation
<input type="checkbox"/>	New York State S Corporation
<input type="checkbox"/>	New York State Corporation
<input type="checkbox"/>	New York City Corporation
<input type="checkbox"/>	North Carolina State S Corporation
<input type="checkbox"/>	Pennsylvania State S Corporation
<input type="checkbox"/>	See Amended Returns

Part V – Name Control

Name Control, enter here to override default. 5KCA

cpcv1701.SCR 10/06/10

IRS e-file Authentication Statement**2016**

► Keep for your records

Name(s) Shown on Return
5K CAR STORE, INC.Employer ID No.
-*6229**A – Practitioner PIN Authorization**

QuickZoom to the Federal Information Worksheet to enter PIN information ➡

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN ☒ X
ERO entered Officer's PIN ☐**B – Signature of Electronic Return Originator****ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the corporation. If the corporation furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the corporation. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN***725 Self-Select PIN *****

C – Signature of Officer**Perjury Statement:**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN *****
Date 01/11/2017

2016

**Preparer Electronic Filing Instructions
S Corporation**

5K CAR STORE, INC.
7315 CENTRAL AVE NE
ALBUQUERQUE, NM 87108
Accepted Date

****6229**
Client Phone
(505)260-0500

This return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 1120S

The taxpayer should review Form 1120S along with any accompanying schedules and statements.

Form 8879-S

The taxpayer should review, sign and date Form 8879-S and return to you prior to transmitting the tax return.

No balance due nor a refund due

After transmission of the return

This return has not been transmitted

Smart Worksheets from your 2016 US Form 1120S: Income Tax Return for S Corp Tax Return

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Shareholder-Employee Compensation Smart Worksheet

A	Shareholder compensation listed on Form 1125-E	63,885.
B	Shareholder compensation not listed on Form 1125-E - SEE TAX HELP	
C	Total shareholder-employee compensation	63,885.

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Salaries and Wages (less employment credits) Smart Worksheet

A	Salaries and wages	707,662.
	Less:	
B	Work Opportunity Credit (Form 5884)	
C	Empowerment Zone Employment Credit (Form 8844)	
D	Indian Employment Credit (Form 8845)	
E	Other credits	
F	Total Employment Credits	

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Taxes and Licenses Smart Worksheet

A	State franchise or income taxes	
B	Local property taxes	13,077.
C 1	Payroll taxes	73,461.
2	Less: Credit from Form 8846	
D	Other miscellaneous taxes	
E	Licenses	65,094.
F	Built-In Gains tax allocated to ordinary income — SEE TAX HELP	
	Click here ➡ Enter amount from tax allocation wks here ➡	

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Depreciation Smart Worksheet

A	To enter assets, QuickZoom to Asset Entry Worksheet	➡
B	To view a calculated report of all depreciation information, QuickZoom to Depreciation Reports.	➡
C	QuickZoom to Form 4562	➡
	Total Depreciation	30,069.
	Depreciation claimed on Form 1125-A and elsewhere on return.	

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Meals and Entertainment Smart Worksheet

Meals and entertainment:

- A** Subject to 50% limit 5,622.
- B** Subject to 80% limit
- C** NOT subject to limit, 100% allowable

The allowable percentage of the above lines will transfer into line 19

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Nondeductible Expenses Smart Worksheet

- A** Nondeductible meals and entertainment 2,811.

(Caution: If you use the Schedule M-1 Items Worksheet, enter
any other nondeductible expenses there, Not below.)

- B** Other nondeductible expenses:

_____

_____

_____

_____

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Schedule M-1 Smart WorksheetTo use optional M-1 items worksheet, **QuickZoom** here ➡

Program will complete Schedule M-1, lines 2 through 8, from entries on M-1 items worksheet.

Computed Net Income (Loss) per books

- A** Income (loss) per return from Schedule K, line 18 -2,359,100.
- B** Income item tax/book differences from M-1 items worksheet
- C** Expense item tax/book differences from M-1 items worksheet. -2,811.
- D** Net tax/book differences (combine lines B and C). -2,811.
- E** Computed net income (loss) per books (combine lines A and D) -2,361,911.
- F** Use amount on line E for Schedule M-1, line 1? ☐ Yes ☒ No

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Schedule M-2 Smart Worksheet**Prior C corporations only:**

Enter beginning of tax year account balances:

- A** Retained earnings while a C corporation 0.
- B** Earnings and profits account (E&P) 0.
- C** Check to make election to distribute E&P before AAA ☐
- QuickZoom** to election statement ➔

All corporations:

Enter beginning of tax year balance:

- D** Accumulated tax/book timing differences account (if any) 0.
- QuickZoom** to Schedule M-2/Retained Earnings Worksheet ➔

SMART WORKSHEET FOR: Schedule M-1 Items Worksheet

Schedule M-1 Display Options Smart Worksheet

- Display book and tax return amounts on Schedule M-1 ☐
- Display only difference amounts on Schedule M-1 ☒

SMART WORKSHEET FOR: Schedule M-1 Items Worksheet

Book Depreciation and Amortization Options Smart Worksheet

Are depreciation and amortization for book purposes the same
as depreciation and amortization for tax purposes?

☐ Yes ☒ No

If No, enter book amounts below. ➔

SMART WORKSHEET FOR: Schedule M-1 Items Worksheet

Computed Net Income (Loss) Per Books Smart Worksheet

- A** Income(loss) per return (Schedule K, line 18) -2,359,100.
- B** Income item tax/book differences
- C** Expense item tax/book differences -2,811.
- D** Net tax/book differences (combine lines B and C) -2,811.
- E** Computed net income (loss) per books (combine lines A and D) -2,361,911.

SMART WORKSHEET FOR: Schedule M-2 / Retained Earnings Wks

Schedule M-2/Retained Earnings Memo Smart Worksheet	
E&P memo information:	
A Dividends paid out of E&P	_____
B Ending balance in Earnings and Profits account	_____ 0.
Retained Earnings memo information:	
C Beginning balance in Retained Earnings from Schedule L, Line 24, column b	_____ -932,475.
D Plus Net Income (Loss)	_____ -2,361,911.
E Less Dividends and Distributions	_____
F Ending balance in Retained Earnings to Schedule L, Line 24, column d	_____ -3,294,386.
G Distributions in excess of Retained Earnings	_____

Additional information from your 2016 US Form 1120S: Income Tax Return for S Corp Tax Return

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

Description	Amount
ACCOUNTING	10,179.
AMORTIZATION	3,389.
BANK CHARGES	2,225.
CREDIT AND COLLECTION COSTS	17,148.
EQUIPMENT RENT	30,952.
INSURANCE	96,815.
JANITORIAL	2,066.
LEGAL AND PROFESSIONAL	12,108.
MEALS AND ENTERTAINMENT (50%)	2,811.
OFFICE EXPENSE	50,382.
OUTSIDE SERVICES	17,958.
PARKING FEES AND TOLLS	84.
POSTAGE	3,214.
SECURITY	16,453.
SUPPLIES	44,055.
TELEPHONE	27,647.
TRAVEL	6,010.
UNIFORMS	12,561.
UTILITIES	40,817.
CREDIT CHECKS FOR CAR SALES	20,172.
TOWING	2,013.
Total	419,059.

Form 1120S: S-Corporation Tax Return

M-2 Line 5, Other Additions

Continuation Statement

Description	AAA Amount	OAA Amount
CHARITABLE CONTRIBUTIONS	500.	
MEALS AND ENTERTAINMENT	2,811.	
Total	3,311.	

**Electronic Filing Information Worksheet
Amended Returns****Continuation Statement**

<input type="checkbox"/>	Tennessee State Corporation
<input type="checkbox"/>	Vermont State S Corporation
<input type="checkbox"/>	Virginia State S Corporation
<input type="checkbox"/>	West Virginia State S Corporation
<input type="checkbox"/>	Wisconsin Non-Combined Corporation
<input type="checkbox"/>	Wisconsin State S Corporation

February 3, 2017

MARC POWELL
7315 CENTRAL AVE NE
ALBUQUERQUE, NM 87108

Dear MARC POWELL,

Enclosed is your 2016 Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., which has been filed with the 2016 Form 1120S U.S. Income Tax Return for an S Corporation for 5K CAR STORE, INC..

The amounts reported to you on lines 1-17 of the Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS uses codes on some lines of the Schedule K-1 to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

5K CAR STORE, INC.
7315 CENTRAL AVE NE
ALBUQUERQUE, NM 87108

New Mexico S Corporation Information Worksheet**2016**

► Keep for your records

Part I – Identifying Information

Federal Employer ID Number **--***6229 Date of organization 10/27/09
New Mexico CRS ID Number *****2002 Date business began in NM 01/01/10
Name 5K CAR STORE, INC.
Doing Business As
Address 7315 CENTRAL AVE NE
City ALBUQUERQUE State . . . NM ZIP Code 87108

Foreign Province/State Foreign Postal Code
Foreign Code Foreign Country

Business primary physical address:

Address 7315 CENTRAL AVE NE
City ALBUQUERQUE State . . . NM ZIP Code 87108

Foreign Province/State Foreign Postal Code
Foreign Code Foreign Country

Telephone Number (505) 260-0500 Extension
Fax Number E-mail Address

Part II – Information Needed to Complete New Mexico Return

☐ Check here to attach federal K-1 schedules to Form S-CORP.
To stop K-1s from printing select no immediately below.

Yes No
☐ ☒ Print Schedules K-1 with tax return?

Part III – Tax Year and Filing Information

☒ Calendar year
☐ Fiscal year — Ending month
☐ Short year — Beginning date Ending date

Part IV – New Mexico Corporation Information

State of Incorporation NEW MEXICO
Registered Agent Information:
Name MARC POWELL
Address 7315 CENTRAL
City ALBUQUERQUE State NM Zip Code 87108

Part V – 2016 New Mexico Estimated Tax Payments

Payment Quarters	Due Date	Actual Payment Date	Amount Paid
First quarter payment	04/18/16		
Second quarter payment	06/15/16		
Third quarter payment	09/15/16		
Fourth quarter payment	12/15/16		
Overpayment from prior year			

Part VI – Taxpayer Signature Information

Officer's Name MARC POWELL
 Officer's Social Security Number Officer's Title PRESIDENT

Part VII – Direct Deposit Information

Yes No
☐ ☐ Do you want to elect direct deposit of state tax refund?

Bank Information

Name of Financial Institution (optional)
 Account type ☐ Checking ☐ Savings
 Routing number
 Account number

International ACH Transactions

Yes No
☐ ☐ Will the funds for this refund go to an account outside the U.S.?

Part VIII – Extension Status**Extended Due Date for calendar year filers**

☐ ☒ If you are a calendar year taxpayer, do you qualify for an extended due date?
 Note: If you file your 2016 S-Corp return electronically and pay any tax due electronically, then the extended due date is March 31, 2017.

Federal Extension Information:

The federal extended due date is

New Mexico Extension Information:

Yes No
☐ ☒ Is the federal extension being relied upon to extend this return?
☐ ☒ Is the NM extension Form RPD-41096 being relied upon to extend this return?

Extended due date for this Form S-CORP

QuickZoom here to Form S-CORP ►

State of New Mexico Taxation and Revenue Department
S-CORP-PV Sub-Chapter S Corporate Income and Franchise Tax Payment Voucher

You may submit a payment with the payment voucher below or pay corporate income and franchise taxes online at no charge by electronic check. You can pay online through Taxpayer Access Point (TAP) at <https://tap.state.nm.us>. Under ALL TAXPAYERS, click Make a Payment, and then Business. Select Corporate Income Tax from the drop down in Account Type.. The electronic check authorizes the Department to debit your checking account in the amount and on the date you specify. You may also use any of these credit cards—Visa, MasterCard, American Express, or Discover Card—for your online payment. A convenience fee of 2.40% is applied for using a credit card. The State of New Mexico uses this fee, calculated on the transaction amount, to pay charges from the credit card companies.

SUBMIT ONLY A HIGH-QUALITY PRINTED, ORIGINAL FORM AND FOLLOW THESE INSTRUCTIONS. With the high-speed scanners the Department uses when processing payment vouchers, a quality form helps ensure accuracy. Do not use a photocopy of the voucher. Because the scanners can read only one page size to process vouchers, it is important to **cut on the dotted line only**. When printing the voucher from the Department website or a software product, prevent resizing by setting the printer's page scaling function to **None**. If your payment voucher has a scanline (a very long row of numbers) within the bottom 1 and 1/2-inch of the voucher, do not write in the area around the scanline.

IMPORTANT: ALWAYS INCLUDE YOUR PAYMENT WITH THE PAYMENT VOUCHER.

NOTE: When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment.

**Mail completed return, payment, and voucher to:
New Mexico Taxation and Revenue Department
P O Box 25127
Santa Fe, NM 87504-5127**

Please **cut on the dotted line** to detach the voucher and then submit it **with your payment** to the Department.

REV 12/30/16 PRO

(CUT ON THE DOTTED LINE)

1030 01 1
**S-Corp-PV New Mexico Sub-Chapter S Corporate
Income and Franchise Tax Payment Voucher**

Tax Year Ended 12/31/2016

5K CAR STORE, INC.

FEIN

7315 CENTRAL AVE NE
ALBUQUERQUE NM 87108

CRS ID Number

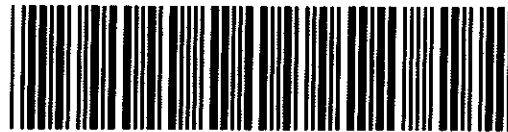
Using your own envelope, mail payment and voucher to:
New Mexico Taxation and Revenue Department
P.O. Box 25127, Santa Fe, NM 87504-5127

AMOUNT ENCLOSED

50

01200000271246229031788120020000000000000012312016000000000

2016 S-Corp New Mexico Sub-Chapter S Corporate Income and Franchise Tax Return



Taxpayer's name 5K CAR STORE, INC.			
Mailing address (Number and street) 7315 CENTRAL AVE NE			
City ALBUQUERQUE	State NM	Postal/ZIP code 87108	
If foreign address, enter country		Foreign province and/or state	

1030 01 1

CHECK ONE:

4a ☒ Original Return 4b ☐ Amended

Federal Employer Identification Number (Required) 5a **-***6229	New Mexico CRS Identification No. 5b *****812002	NAICS Code (Required) 5c
Tax Year Beginning 6a 01 01 2016	Tax Year Ending 6b 12 31 2016	Extended Due Date 6c
DEPARTMENT USE ONLY		

A. State where organized NEW MEXICO B. Date of organization 10/27/2009
C. Date business began in New Mexico 01/01/2010 D. Date terminated in New Mexico
E. Name and address of registered agent in New Mexico MARC POWELL
7315 CENTRAL ALBUQUERQUE NM 87108

F. ☐ If your business activities were immune from New Mexico corporate income tax under P.L. 86-272 for the 2016 tax year, mark this box. You must also complete and attach Schedule S-Corp-A.

1. Income taxable to corporation. (S-Corp-C, line 4, column 1) See instructions.....	1	
2. Tax on amount on line 1. See the Tax Rate Table on page 9 in the instructions.....	2	0
3. New Mexico percentage. Enter 100% OR the percentage from S-Corp-C, line 5.....	3	100.0000 %
4. New Mexico income tax. Multiply line 2 by line 3.....	4	0
5. Total tax credits applied against income tax liability on line 4 (from S-Corp-CR, line A). Attach S-Corp-CR	5	
6. New Mexico income tax less tax credits. Subtract line 5 from line 4. Cannot be a negative number.....	6	0
7. Franchise tax. \$50 per S corporation or entity taxed as S corporation.....	7	50
8. Total income and franchise tax. Add lines 6 and 7.....	8	50
9. Amended returns only. Enter 2016 refunds received and overpayments applied to 2017.....	9	
10. Subtotal. Add lines 8 and 9.....	10	50
11. Total payments: <input type="checkbox"/> Extension <input type="checkbox"/> Estimated <input type="checkbox"/> Applied from prior year.....	11	
12. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	12	
13. New Mexico income tax withheld from pass-through entities. Attach 1099-Misc or RPD-41359	13	
14. Amount from lines 12 and 13 passed to owners (Reported on Form RPD-41367).....	14	
15. Total payments and tax withheld. Subtract line 14 from the sum of lines 11 through 13.....	15	
16. Tax due. If line 10 is greater than line 15, enter the difference.....	16	50
17. Penalty. See Instructions.....	17	
18. Interest. See Instructions.....	18	
19. Total amount due. Add lines 16, 17, and 18.....	19	50
20. Overpayment. If line 15 is greater than line 10, enter the difference.....	20	0
20a. Amount of overpayment to be applied to 2017 income tax liability. Cannot be more than line 20.....	20a	
20b. Amount of overpayment to be refunded. Subtract line 20a from line 20.....	20b	0
21. Total portion of tax credits to be refunded (from S-Corp-CR, line B). Attach S-Corp-CR	21	
22. Total refund of overpaid tax and refundable credit due to you. Add lines 20b and 21.....	22	0

REFUND EXPRESS: HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3, AND 4.

RE1 1. Routing number: RE3 3. Type: Checking ☐ Savings ☐
RE2 2. Account number: Enter X. Enter X.

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer, member, or partner PRESIDENT Date (505) 260-0500
Title Contact phone number
Taxpayer's email address

Paid preparer's use only:

MARILYN GUNN 02/03/2017
Signature of preparer if other than employee of the taxpayer Date
P1 MARILYN GUNN
Print preparer's name
P2 NM CRS Identification number *****439001
P3 FEIN
P4 Preparer's PTIN *****2528
P5 Preparer's phone number (505) 291-0962

REV 12/30/16 PRO

2016 S-Corp-1 Income Taxable to Owners

1

Federal Employer Identification Number (FEIN)

-*6229



COMPUTATION OF NET INCOME TAXABLE TO OWNERS

1. Ordinary income (loss) from federal Form 1120S, Schedule K.....	1	-2358600
2. Other income (loss) from federal Form 1120S, Schedule K.....	2	
3. Interest income from municipal bonds, excluding New Mexico bonds	3	
4. Subtotal of lines 1 through 3	4	-2358600
5. Interest from U.S. government obligations or federally-taxed New Mexico bonds	5	
6. Allowable deductions from Schedule K.....	6	500
7. Allocated income (from S-Corp-B, line 8, column 1)	7	
8. Apportionable income. Subtract lines 5, 6, and 7 from line 4	8	-2359100
9. Average New Mexico percentage (from S-Corp-A, line 5)	9	100.0000 %
10. New Mexico apportionable income. Multiply line 8 by line 9	10	-2359100
11. New Mexico allocated income (from S-Corp-B, line 9, column 2)	11	
12. New Mexico taxable income. Add lines 10 and 11	12	-2359100

2016 S-Corp-A New Mexico Apportionment Factors

Calculate each percentage to four decimal places; for example, 22.5431%.

PROPERTY FACTOR

	Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
Average annual value of inventory	1a		
Average annual value of real property	1b		
Average annual value of personal property.....	1c		
Rented property. Multiply annual rental value by 8.....	1d		
Total property	1e		

1. **Property factor.** Divide Total property Column 2 by Column 1 and then multiply by 100

PAYROLL FACTOR

Total compensation of employees..... 2a

2. **Payroll factor.** Divide Column 2 by Column 1 and then multiply by 100

SALES FACTOR

Gross receipts

3. **Sales factor.** Divide Column 2 by Column 1 and then multiply by 100

4. **TOTAL FACTORS.** Add lines 1, 2, and 3

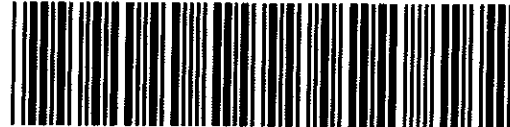
5. **Average New Mexico Percentage.** Divide the factor on line 4 by the number of factors used to compute line 4, and then enter on S-Corp-1, line 9

A. This entity submitted written notification of its election to use one of the special methods of apportionment of business income for tax year ending _____. The effective date of the election is _____. See instructions.

B. Mark the box indicating the special method elected. ☐ Manufacturers ☐ Headquarters Operation

REV 12/30/16 PRO

2016 S-Corp-B Allocated Non-Business Income Taxable to Owners



1
Federal Employer Identification Number (FEIN)

-*6229

	Column 1 Total Income Everywhere	Column 2 New Mexico Income
1. Net non-business dividends	1	
2. Net non-business interest	2	
3. Net non-business rents (loss)	3	
4. Net non-business royalties	4	
5. Net non-business profit sale of assets (loss)	5	
6. Net non-business partnership income (loss)	6	
7. Other net non-business income (loss)	7	
8. Total allocated income. Add Column 1, lines 1 through 7, and enter on S-Corp-1, line 7	8	
9. Total New Mexico allocated income. Add Column 2, lines 1 through 7, and enter on S-Corp-1, line 11	9	

2016 S-Corp-C Allocated and Apportioned Income Taxed to S Corporations

If you are an S corporation with federal taxable income, complete this section.

	Column 1 Total Income Everywhere	Column 2 New Mexico Income
1. Capital Gains Net capital gains (from Schedule D of federal Form 1120S) See instructions for allocation rules	1	
2. Passive Income Excess net passive income (from federal worksheet in the 1120S instructions for excess net passive income)	2	
3. Net recognized built-in gain (from Schedule D, federal Form 1120S)	3	
4. Total. Add lines 1, 2, and 3	4	
5. New Mexico percentage. Divide line 4, column 2 by line 4, column 1, and then multiply by 100. Enter on Form S-Corp, line 3	5	%

New Mexico Taxation and Revenue Department
**2016 PTW Detail Report For Annual
 Withholding of Net Income From a
 Pass-Through Entity,**
Form RPD-41367



1030 01 1

File and pay online using the Department's website. Go to www.tax.newmexico.gov, click on Online Services.
 For help completing this report, follow the instructions, or call (505) 827-0825 in Santa Fe or toll free at (866) 809-2335, option 4.

Check if amended ☐

Page 1 of 2

Pass-through entity's name 5K CAR STORE, INC.		PTE's FEIN **-***6229		Line 1. Total New Mexico net income -2,359,100	
<small>PTEs Address - (Number and street)</small> 7315 CENTRAL AVE NE		<small>City</small> ALBUQUERQUE		<small>State</small> NM	<small>Postal/ZIP code</small> 87108
<small>If foreign address, enter country</small>		<small>Foreign province and/or state</small>		FOR DEPARTMENT USE ONLY	
Mark the type of New Mexico income tax return the pass-through entity files for the current tax year. <input type="checkbox"/> PTE <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> CIT-1 <input type="checkbox"/> Other					
PTE's tax year if other than the full 2016 calendar year. Beginning of tax year <div style="display: flex; justify-content: space-around;"> <div>MM DD CCYY</div> <div>MM DD CCYY</div> </div>			Due date of the PTE's federal return. Original Due Date <div style="border: 1px solid black; padding: 2px;">03 15 2017</div> Extended Due Date <div style="border: 1px solid black; padding: 2px;"></div>		

Withholding Tax Due

Line 3. Total withholding from all supplemental pages

3

Payments

Line 4. Tax withheld by the PTE, then passed to owners

4

 (Reported on your CIT, SCorp, or PTE return)

Line 5. Withholding tax paid by the PTE

5

Line 6. Amended Returns Only. Refunds received

6

 (See instructions)

Line 7. Total tax payments. Subtract line 6 from the sum of lines 4 and 5

7 0

Amount Due

Line 8. Tax Due. If line 3 is greater than line 7, enter the difference here

8

Line 9. Penalty (see Instructions)

9

Line 10. Interest (see Instructions)

10

Line 11. Total due

11

Overpayment

Line 12. Overpayment. If line 7 is greater than line 3, enter the difference here

12 0

You must attach Form RPD-41373 to claim a refund of an overpayment.

I declare I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

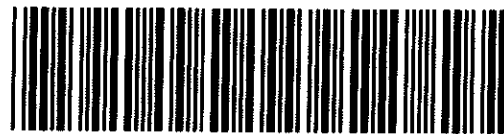
Authorized signature _____ Date _____

Phone number (505) 260-0500 Email address _____

REV 12/30/16 PRO

PTW-D

New Mexico Taxation and Revenue Department
**2016 PTW Detail Report For Annual
Withholding of Net Income From a
Pass-Through Entity, Form RPD-41367**



1 Supplemental Page

Pass-through entity's name 5K CAR STORE, INC.	PTE's FEIN ** - *** 6229
---	------------------------------------

Page 2 of 2

Owner's Name, Street Address, City, State, and ZIP code (see Instructions, "Who Must File")	Column 2 Owner's SSN or FEIN	Column 3 Owner's share of allocable net income	Column 4 Owner's share of withholding tax	Col. 5 On file RPD-41353
MARC POWELL 7315 CENTRAL AVE NE ALBUQUERQUE, NM 87108 <div style="text-align: right;">Mark if outside the U.S. <input type="checkbox"/></div>	Mark one: <input type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES

If you need more space, print this supplemental form directly from the website and attach the additional supplemental forms to the first page of this form. Reproducing from a photocopy reduces the readability of the barcode on scanning equipment.

Line 2. Total withholding on this page.

REV 12/30/16 PRO

PTW-D

New Mexico
Sch K Equivalent
(Form SCORP)

Shareholder's Distributive Share Items
► Keep for your records

2016

S Corporation's Federal Identifying Number

-*6229

S Corporation's Name

5K CAR STORE, INC.

QuickZoom to K-1 Equivalent. ➡

QuickZoom to Schedule K-1 Worksheet. ➡

Distributive Share Items		Total Amount
1	New Mexico taxable income (loss)	1 -2,359,100.
Credits		
2	Affordable housing tax Credit	2
3	Agricultural water conservation tax credit	3
4	Advanced energy tax credit	4
5	Agricultural biomass tax credit	5
6	Business facility rehabilitation credit	6
7	Blended biodiesel fuel tax credit	7
8	Corporate-supported child care tax credit	8
9	Electronic card-reading equipment tax credit	9
10	Geothermal ground-coupled heat pump tax credit	10
11	Intergovernmental business tax credit	11
12	Job mentorship tax credit	12
13	Land conservation incentives credit	13
14	Preservation of cultural property credit	14
15	Rural job tax credit	15
16	Sustainable building tax credit	16
17	Technology jobs (additional) tax credit	17
18	Veteran employment tax credit	18
19	Film production tax credit	19
20	Renewable energy production tax credit	20
21	Technology jobs and research and development (additional) tax credit	21

nmpw0501.SCR 12/01/16

